

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8	1					
9	1					
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49						
50						
TOTAL IND.	9					
TOTAL DEP.	13					
TOTAL CLAIMS	22					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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55	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						